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## FACSIMILE COVER SHEET


Deliver to: Lanier, Benjamin E., USPTO Art Group: 2132  
Facsimile No.: (571) 273-8300 Date: December 1, 2005  
From: Libby H. Hope, Reg. No. 46,774  
Our Docket No.: 42390P11149 Number of pages 6 including this sheet.  
Application No.: 09/896,537 Filing Date: 6/30/2001  
Docket Due Date(s): 10/1/2005

Enclosed are the following documents:

<input type="checkbox"/> Amendment: _____ ( _____ pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( _____ pgs)	<input checked="" type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ ( _____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( _____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief ( _____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( _____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: _____ sheets, _____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input checked="" type="checkbox"/> Extension of Time: _____ one (1) month _____	<input type="checkbox"/> Response to Written Opinion ( _____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( _____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)**

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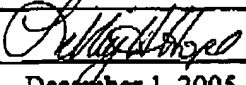
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/896,537
		Filing Date	June 30, 2001
		First Named Inventor	Gary Graunke
		Art Unit	2132
		Examiner Name	Lanier, Benjamin E.
Total Number of Pages In This Submission	5	Attorney Docket Number	42390P11149

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="border: 1px solid black; padding: 5px; height: 60px;">Certificate of Facsimile</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Libby H. Hope, Reg. No. 46,774 INTEL CORPORATION
Signature	
Date	December 1, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name		Libby H. Hope	
Signature		Date	December 1, 2005

Based on PTO/SB/21 (09-04) as modified by Biskaly, Skokoff, Taylor & Zeffman (vtr) 11/30/2005.  
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<b>FEE TRANSMITTAL for FY 2005</b> <small>Potential fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	09/896,537
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	June 30, 2001
		First Named Inventor	Gary Graunke
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Lanier, Benjamin E.
		Art Unit	2132
		Attorney Docket No.	42390p11149

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 150-0221 Deposit Account Name: INTEL CORPORATION
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

Total Claims	Side Claims	Fee from below	Fee Paid
22	22*	0	\$0.00
Independent Claims			
7	6*	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (R)	Fee Code (R)	
1202 80	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 8
1203 360	2203 180	Multiple Dependent claims, if not paid
1204 300	2204 150	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(R) 0.00

\*or number previously paid, if greater, For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (R)	Fee Code (R)	Fee Code (R)	Fee Code (R)		
1051 130	2051 65	1052 50	2052 25	Surcharge - late filing fee or oath	
2053 130	2053 65	2053 130	2053 65	Non-English specification	
1251 120	2251 60	1251 120	2251 60	Extension for reply within first month	120.00
1252 450	2252 225	1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	1401 500	2401 250	Notice of Appeal	500.00
1402 500	2402 250	1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 755	1451 1,510	2451 755	Petition to institute a public use proceeding	
1450 120	2450 60	1450 120	2450 60	Petitions to the Commissioner	
1807 50	2807 25	1807 50	2807 25	Processing fee under 37 CFR 1.17(a)	
1808 180	2808 90	1808 180	2808 90	Submission of Information Disclosure Sheet	
1809 790	2809 395	1809 790	2809 395	Filing a submission after final rejection (37 CFR § 1.128(b))	
1810 780	2810 390	1810 780	2810 390	For each additional invention to be examined (37 CFR § 1.128(b))	
Other fee (specify)					
SUBTOTAL (2)				(R) 620.00	

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Libby H. Hope	Registration No. (Attorney/Agent)	46,774
Signature		Telephone	(949) 498-0601
		Date	12/01/05

Based on PTO/SB/17 (12-04) as modified by Bakely, Schloff, Taylor & Zeffman (vtr) 12/15/2004.  
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<b>FEE TRANSMITTAL for FY 2005</b> <small>Paid fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/896,537	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	June 30, 2001	
		First Named Inventor	Gary Graunke	
		Examiner Name	Lanier, Benjamin E.	
		Art Unit	2132	
TOTAL AMOUNT OF PAYMENT (\$)		620.00	Attorney Docket No.	42390p11149

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check 
 ☐ Credit card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 150-0221 Deposit Account Name: INTEL CORPORATION

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. 
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
22	23*	0	\$0.00
7	8*	200.00	\$0.00

Multiple Dependent


Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	25	0	Claims in excess of 20
1201	2201	100	0	Independent claims in excess of 3
1203	2203	160	0	Multiple Dependent claims, if not paid
1204	2204	150	0	Reissue independent claims over original patent
1205	2205	150	0	Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$)

\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	48	0	Surcharge - late filing fee or oath	
1052	2052	25	0	Surcharge - late provisional filing fee or cover sheet	
2053	2053	130	0	Non-English specification	
1251	2251	60	0	Extension for reply within first month	120.00
1252	2252	225	0	Extension for reply within second month	
1253	2253	510	0	Extension for reply within third month	
1254	2254	795	0	Extension for reply within fourth month	
1255	2255	1,080	0	Extension for reply within fifth month	500.00
1401	2401	250	0	Notice of Appeal	
1402	2402	250	0	Filing a brief in support of an appeal	
1403	2403	500	0	Request for oral hearing	
1451	2451	1,510	0	Petition to institute a public use proceeding	
1460	2460	130	0	Petitions to the Commissioner	
1807	2807	50	0	Processing fee under 37 CFR 1.17(a)	
1808	2808	180	0	Submission of Information Disclosure Stmt	
1809	2809	325	0	Filing a submission after final rejection (37 CFR § 1.120(b))	
1810	2810	395	0	For each additional invention to be examined (37 CFR § 1.120(b))	
SUBTOTAL (2)				(\$)	620.00

Other fee (specify)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Libby H. Hope	Registration No. (Attorney/Agent)	46,774
Signature		Telephone	(949) 498-0601
		Date	12/01/05

Based on PTO/SB/17 (12-04) as modified by EPLA, Schickel, Taylor & Ziegler (rev) 12/15/2004.  
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